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CANADA				. [				(Depositor's name)		
								(Signature)		
				L				(Date)		
APPLICATION NO.	ON NO. FILING DATE			FIRST NAMED INVENTO	OR	ATTO:	RNEY DOCKET NO.	CONFIRMATION NO.		
10/809,813	03/26/2004			Gordon E. Muth		83	5136-302 ADB	7822		
TITLE OF INVENTION:	VACUUM APPARAT	US								
				PUBLICATION FEE DU	E PREV. PAID ISSU		TOTAL FEE(S) DUE	DATE DUE		
APPLN, TYPÉ	SMALL ENTITY	IS	SUE FEE DUE			ETEE	\$1020	06/19/2008		
nonprovisional	YES		\$720	\$300			\$1020	00/19/2008		
EXAMINER			ART UNIT	CLASS-SUBCLASS						
REDDING,			3723	015-340100						
1, Change of corresponder CFR 1.363).				(1) the names of up	e patent front page, li to 3 registered pate		<sub>neys</sub> ı <u>Adrian</u>	D. Battison		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached:  "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02. or more recent) attached. Use of a Customer Number is required.								el R. Williams		
				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Ryan W. Dupt listed, no name will be printed.						
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PLEASE NOTE: Unle	ss an assignce is ident in 37 CFR 3.11. Com	ified b	elow, no assignee of this form is NO	data will appear on the T a substitute for filing	patent. If an assignment.	nee is io	dentified below, the d	ocument has been filed for		
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Please check the appropria	ate assignee category or	catego	ories (will not be p	rinted on the patent);	□ Individual □ C	orporati	ion or other private gr	oup entity Governmen		
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					Date A	pril 3	/2008			
Authorized Signature NHWWC  Typed or printed name Michael R. Williams					Registration	No	45,333			
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APPLICATION NO.	· FILING DATE		FIRST NAMED INVENTOR				RNEY DOCKET NO.	CONFIRMATION NO.
10/809,813 TITLE OF INVENTION	03/26/2004 : VACUUM APPARAT	us		Gordon E. Muth		8:	5136-302 ADB	7822
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB		PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE		DATE DUE
nonprovisional	YES	1	\$720	\$300	\$0		\$1020	06/19/2008
EXAM	EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
REDDING,	DAVID A		3723	015-340100	•			
Address form PTO/SI    Fee Address' ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	ondence address (or Chi 3/122) attached: ication (or "Fee Address 12. or more recent) attacl ND RESIDENCE DAT: loss an assignce is iden h in 37 CFR 3.11. Com DNEE	inge of the indicate of the in	Correspondence ution form e of a Customer  E PRINTED ON elow, no assignee of this form is NO	(B) RESIDENCE: (CITY	. 3 registered pater vely, e firm (having as a agent) and the nam meys or agents. If printed. pe) atent. If an assign assignment. 7 and STATE OR C	u attorn u memb es of u no nam ee is id	era 2 Michaee pra 2 Michaee pra 3 Ryan V  Rentified below, the do	D. Battison  If R. Williams  V. Dupuis  Lecument has been filed for  up entity Government
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<ol> <li>Change in Entity Sta</li> <li>a. Applicant claim</li> </ol>	tus (from status indicate s SMALL ENTITY stat			☐ b. Applicant is no lor	ger claiming SMA	LL EN	FITY status. See 37 CF	R 1.27(g)(2).
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Typed or printed nam	c_ Michael R.	ams	Registration No. 45,333					
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